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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Fif death accurred in St:---Ward) a hospital or institution. give Its. NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at f day hrs. The CAUSE OF DEATH \* was as follows: OR ..... mis. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) in the of death \_\_\_\_\_ yrs. \_\_\_ mes. \_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_ mcs. \_\_ Where was disease contracted. OF MY KNOWLEDGE If not at place of death? Former or usual residence. PLACE OF BURIAL OB REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR of more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as statement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping eough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of..... Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report



should state OCCUPATION PHYSICIANS 0 PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, QUIONIB 8 DATE OF BIRTH (Month) (Day) pe 7 AGE It LESS than P 00 1 day,.....hrs. OR ..... 7 properly 8 OCCUPATION (a) Frade, protession, or particular kind of work. ERVE (b) General nature of industry, supplied. business, or establishment to may which employed (or employer) ..... certificate. Contributory. State or country) (Secondary) that 10 NAME OF FATHER 80 0 back 11 BIRTHPLACE terms. ARENT OF FATHER (State or country) should 00 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER Instructions OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place OF MOTHER (State or country) EATH .... yrs. ..... mos. ..... ds. Where was disease contracted. If not at place of death?. of Δ Former or Every item CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR Every 15 20 UNDERPAKER

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

-Ward)

Ilt death occurred in a hospital or Institution. give its NAME lustead of street and number. ?

MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above at (Duratico)

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the State ..... yrs, \_\_\_\_ mos, \_\_\_ ds.

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franchin St., Balto., Requesting V. S. No. Y.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia. "Unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasdent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing "Dropsy," "Exhaustion," (name origin; "Candeath), 29 de.;



Y. S. No. 1.

N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very		
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74	STATE OF M	IARY	LAND
	CERTIFICATE	OF	DEAT
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1 PLACE OF DEATH 5067	STATE OF MARYLAND
Bee! Bee	CERTIFICATE OF DEATH
County There	Registration Dist. No. 235
5. 11	
Village or City Tradition (No,	St.; Ward) [It death occurred in a hospital or institution,
	give its NAME lostead of street and nomber.]
* FULL NAME Catherine Com	me Brown at street and boulder, j
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH 2 9 1014
WIDOWED.	(Month) (Day) (Year)
GRIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	May 9 1914, to May 7 1914.
(Month) (Day) (Year)	that I last saw h Malive on heary 9 1914
AGE If LESS than	and that death occurred on the date stated above, at 1/306m.
63 yrs.   mos. 4 ds.   ormin.?	The CAUSE OF DEATH* was as follows:
OCCUPATION OS. OR. Min.?	
(a) Trade, profession, er	
particular kind of work	muhat regengelation
which employed (or employer)	(Puration) Tyrs
BIRTHPLACE (State or country)	(Secondary)
(State or country)	(Duration) Synd flower (S)
10 NAME OF PIL 1 B	(Signed) 327 Bracks NO
In orders Odean	There 9/ ch New 1/ Total
11 BIRTHPLACE OF FATHER (State or country)	(Address)
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN.
12 MAIDEN NAME OF MOTHER PAGE 18 2 Beall	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
OF MOTHER (State or country)	at place In the of death yrs mos ds. State yrs mos ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) all with frencho	Former or
0 H :- 1	usual residence
(Address) let let he	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
0. 18 . 0 . 80 .	Tonestrelle M. G. Gemely May 13, 1914  20 UNDERTAKER  ADDRESS
Filed May 12, 1914 Samuel & Cory	Tand 1 1 1
Local REGISTRAR	11-14.0com 409 82 St.JE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) applies to each and every person, irrespective of age who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of childbirth or miscarriage, as "PUERFERAL scptichaccause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Ass Bronchopneumonia (secondary), 10 ds. ample: Measics (disease causing death), 29 ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (name origin; "Can Never report Examples:



No. 1.

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PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

RECORD

Village or City Dry attack(No.



### STATE OF MARYLAND CERTIFICATE OF DEATH

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Ward)

[If death occurred in a hospital or institution, give its NAME instead

FULL NAME Olice M Can	ugis of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WILDOWED	16 DATE OF DEATH Dray 71, 1914
Junale white (Write the word)	(Month / (Day (Year))
8 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from, [9], to
(Month) (Day (Year)	that I last saw h alive on
7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work  OMtillanary	acute Oppendentes
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs
9 BIRTHPLACE (State or country) Ohio	Contributory Secondary  (Ooration)
10 NAME OF Rolt. Mastes	(Signed) augustus of Daller J. P. H. O.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent
of Mother and Seneral	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mod Shreesen	OR RECENT RESIDENTS) At place In the ot death yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or
(Address). Hy atto villa ond.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAR
Filed May 8" 1914 Mrs Jas Severe	20 UNDERTAKER. ADDRESS ADDRESS
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Bulto, Regnesting V S. No. 1

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS CAUSE OF I 5669

PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No	24	5
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[If death occurred in a hospital or institution give its NAME instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX	4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORGEO (Write the word)	(Month) (Day (Year)
2		17 I hEREBY GERTIFY, That I attended deceased from
- Mai	(Month) (Day (Year)	that I last saw here alive on May 1,1914
7 AGE	If LESS than	and that death occurred on the date stated above, at 11, 100 m,
	5 yrs 5 mos 25 ds. 1 day, hrs. OR min.?	The CAUSE OF DEATH* was as follows:
8 000	CUPATION	
partic	rade, profession, or Houseup & Sular kind of work.	Nephritis
(D) G	deneral nature of industry,	- Many
Which	employed (or employer)	(Duration) Was rs. mos, ds.
9 BIR	THPLACE State or country)	Secondary Oban Maumonia
1	O NAME OF FATHER AMOUNT ASSOCIATION AS	(Signed) (Duration) yrs mos 8 ds.
NTS	BIRTHPLACE OF FATHER (State or country)	May 1, 1914 (Address) Heallands mo
4	2 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
0	Wargated Shows	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
1	3 BIRTHPLACE OF MOTHER (State or country)	Af place in the of death yrs mos ds. State yrs mos ds
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted.
(In	formant) Elizabeth Kulland	If not at place of death?————————————————————————————————————
	(Address) 28 you of MW	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; ness of various pursuits ean be known. The question who have no occupation whatever, write None. been ehanged or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causing death—Name, first, the death causing death affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "Asample: Bronchopneumonia (secondary), 10 ds. Never report The contributory Measics (disease eausing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State eause for

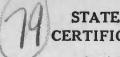


WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### PLACE OF DEATH 5070



### STATE OF MARYLAND

County Truck	Ceo.	CERTIFICATE OF DEATH
		Registration Dist. No. 28/
Village or City2FULL NAME	Robert Digg	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND	STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR	OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 5 1 3 , 191 4 (Month) (Day (Year)
6 DATE OF BIRTH	. 7	17 I HEREBY CERTIFY, That I attended deceased from
	Dec 9th 1867 (Month) (Day (Year)	that I last saw h 2000 alive on May 11 ,191 \$
7 AGE	if LESS than	and that death occurred on the date stated above, atm.
,- 2	t day,hrs.	The CAUSE OF DEATH* was as follows:
	mos ds. OR min.?	besies of beard
(a) Trade, profession, or particular kind of work.  (b) Generel neture of industry, business, or establishment in	aborov:	(Ouration) yrs mas ds
which employed (or employer)		Contributory
9 BIRTHPLACE (State or country)	and.	Secondary
10 NAME OF FATHER	George Diggs	(Signed) 9 Mc Coracio M. D.
OFFATHER (State or country)	mid.	*State the Displace Cavening Principle
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	last the Bugge	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	Mos surjess	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds
(Informant)	THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence.
(Address)Lan	ham Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAY 15, 191"
Filed May 1 4th, 1914	Ival REGISTRAR	I Gasche Serves Bakushurg

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," engineer, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nophritis, The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent) For vio-



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD AGE carefully supplied.
to that it may be p See instructions on back of WRITE PLAINLY, WITH of information should CAUSE OF

Important.

N. B.

S. No.

PLACE OF DEATH 5071



### STATE OF MARYLAND CERTIFICATE OF DEATH

	_1_	Registration Dist, No. 233
Vil	lage or City Westword (No	St:; Ward)  [If dealh occurred in a hospital or institution, give its NAME instead of street and numbor.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	EX COLOR OR RACE 5 SINGLE, MARRIZO, WIOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH MAY S 1914 (Year)
6 D	ATE OF BIRTH  (Month) (Day (Year)	that I last saw him alive on May 3, 1914.
7 A		and that death occurred on the date stated above, at 2 m, The CAUSE OF DEATH* was as follows:
(a) pai (b) bus whi	CCUPATION ) Trade, profession, or ritcular kind of work. ) General nature of industry, siness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)	(Duration) yrs. 2 mos. ds.  Contributory Secondary
ARENTS	10 NAME OF FATHER Horge M. Dadson  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) (Buration) yrs mos ds.  (Signed) (Address) , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Δ.	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death
	(Address) Historia Mad	If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL  ATTHOMAS Churche Hordnelle May 10, 1914.  20 UNDERTAKER  ADDRESS  ADDRESS

II more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," ctc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. been changed or given up on account of the nisease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Cannant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligthenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of kead-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage as "Puerperal septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "MarasgenItal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Gou	1 PLACE OF DEATH 5072  inty Prince Linges	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 3 3
Viil	age or City rom (No., 2 Clice	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 5	4 COLOR OR RACE   5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the Word)	16 DATE OF DEATH  (Month)  (Day (Year)  17   HEREBY CERTIFY. That I attended deceased from
6 DA	707 2 , 1872 (Month) (Day (Year)	that I last saw he alive on Many 3, 1914,
BOO	If LESS than 1 day,	and that death occurred on the date stated above, at Sm. m. The CAUSE OF DEATH* was as follows:
(a) par (b) busi	Trade, profession, or    Continue of Industry,   Conti	(Duration) yrs mos ds
_	RTHPLACE (State or country)	Secondary (Duration) yrs mos 9 ds.
S	10 NAME OF FATHER Miliana Lee  11 BIRTHPLACE	(Signed) W. J. J. Loves, M. D. May 4, 1914 (Address) room my
PARENT	OF FATHER (State or country)  12 MAIDEN NAME ()	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE 13 TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
	informant) Istin Adving lass	If not at place of death?  Former or usual residence.
15 File	REGISTRAR	Croom and may 5, 191+ 20 UNDERTARER and Stamp Fottingham and
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

cated thus: duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of iujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of kead-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., whou a definite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from may be stated under the head of The nature of the State cause for



BINDING RESERVED FOR MARGIN

V. S. No. 1.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT 4 WITH UNFADING INK-THIS IS WRITE PLAINLY, Z.

PLACE OF DEATH 15073	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or Gio Pian Chirlle (No.	Registration Dist, No. 230  St.; Ward)  [it death occurred in a hospital gr institution,
FULL NAME Cora Alice	Doyle give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOFOR HAGE SINGLE, MARRIED WIDOWED SINGLE, MARRIED WIDOWED GRIVORGE (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  1 HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)  7 AGE it LESS than	that I last saw hell allve on recently, 191
yrs mos 2 ds. or min.?	and that death occurred on the date stated above at 4
(a) Trade, protession, or particular kind of work.  (b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) 13 yrs mos ds.
9 BIRTHPLACE (State or country Branchille, Md.	Contributory Secondary  (Duration) yrs mos ds
10 NAME OF SEO. E. Royle  11 BIRTHPLACE  11 O'NAME OF LOYLE  11 DIRTHPLACE  11 O'NAME OF LOYLE  12 O'NAME OF LOYLE  13 O'NAME OF LOYLE  14 O'NAME OF LOYLE  15 O'NAME OF LOYLE  16 O'NAME OF LOYLE  17 O'NAME OF LOYLE  18 O'NAME OF LOYLE  19 O'NAME OF LOYLE  19 O'NAME OF LOYLE  10 O'NAME OF LOYLE  11 DIRTHPLACE  11 O'NAME OF LOYLE  12 O'NAME OF LOYLE  13 O'NAME OF LOYLE  14 O'NAME OF LOYLE  15 O'NAME OF LOYLE  16 O'NAME OF LOYLE  17 O'NAME OF LOYLE  18 O'NAME OF LOYLE  18 O'NAME OF LOYLE  19 O'NAME OF LOYLE  19 O'NAME OF LOYLE  10 O'NAME OF LOYLE  10 O'NAME OF LOYLE  11 DIRTHPLACE  11 O'NAME OF LOYLE  12 O'NAME OF LOYLE  13 O'NAME OF LOYLE  14 O'NAME OF LOYLE  15 O'NAME OF LOYLE  16 O'NAME OF LOYLE  17 O'NAME OF LOYLE  18 O'NAME OF LOYLE	(Signed) Walley Giffette, M. D.
11 BIRTHPLACE OF FATHER (State or country) Washington 10.C.	*State the Disease Causing Death, or, in dotths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE 1 allarina Reed	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At piace In the ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
(Interment) Branchille Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Files May 3, 1914 & Defmith	Laurel May 5, 191 +
REGISTRAR	Wes. G. French Lawel, Md.

M-more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercul lesis of lungs, meninges, peritonaeum, etc., Carcinbrospinal meningitis"); Diphtheria (avoid use fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Ccrcbrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasoma, Sarcoma, etc., of..... ture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.



No. 702

7

N.

### Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

RECORD

119	STATE OF M	MARY	YLAND
P	CERTIFICATE	OF	DEATH
	Registration	Dist.	No. 23

County Trence Leong &	CERTIFICATE OF DEATH
	Registration Dist. No. 233
Village or City of Ottengham (No. ;	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Colored (Write the word)  4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED Lingle	16 DATE OF DEATH May 10, 1914 (Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h allve on, 191, 191, 191,
7 AGE If LESS than	and that death occurred on the date stated above, at
5 yrs 1/ mos 9 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	O pulepsey  (Duration) 2 yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Thomas Gray 11 BIRTHPLACE OF FATHER (State or country)	(Signed) Emest of Garner, M. D.  May 11. 191 4 (Address) Prethsup and
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER STATE THE TENTE OF MOTHER STATE OF THE TENTE OF THE TE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sichard Fleet	Where was disease contracted, If not at place of death?
(Address) Nottengham md Fled May 11 191 Emest H. Garner	Brooks Church Cem May 12, 1914  20 UNDERTAKER ADDRESS O and
/	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industriai employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease statement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relativé healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

etc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacgenital," "Senile," etc.), "Dropsy," "Exhaustlon," thenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of kead-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds., (Recommendations ou statement of (secondary or intercurrent) Never report Ex



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state P . NOI classified. certificate. 0 back 0 LO plain Instructions 5 DEATH of Item ō mportant. Every

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County..... Registration Dist. No. Ilf death occurred in a hospital or Institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Year) (Month) It LESS than TAGE and that death occurred on the date stated above, at .. 1 day hrs. OR ..... 7 BOCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) (Duration) ... 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-ARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death \_\_\_\_\_ yrs. .... mos. .... (State or country State \_\_\_\_\_ yrs \_\_\_ mos \_\_\_ \_ ds. Where was disease contracted. If not at place of death?-Former or usual residence DATE OF BURIAL 15 20 UNDERTAKE m REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthfui-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pacumonia; Bronchopacumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railroay train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing \_\_ (name origin; "Candeath), 29 ds.; "Exhaustion," Never report For vio-



state CERTIFICATE OF DEATH CCUPATION Registration Dist. No.. [If death occurred is St.:....Ward) a hospital or lostitution. RECORD give its NAME lostead of street and number. } 0 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTIC PERMANENT 16 DATE OF DEATH 5 SINGLE, BSFY MARRIED. WIDOWED QUIONIB (Day) ORDIVORCED (Write the word) 17 HEREBY CERTIFY, That I attended deceased from classified. (Day) (Year) (Month) Pe If LESS than 7 AGE and that death occurred on the date stated above, at / 0 D 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 properly BOCCUPATION (a) Trade, profession, or particular kind et work ESERVE (b) General nature of Industry, supplied. business, or establishment in UNFADING which employed (or employer) -----Contfibutory certificate. 9 BIRTHPLACE (State or country) (Secondary) (Beration) 10 NAME OF FATHER (Signed) 0 MARQIN back 11 BIRTHPLACE ARENT OF FATHER (State or country) pinoy \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Information OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place In the OF MOTHER (State or country) ot death ...... yrs. .... mos. .... ds. State \_\_\_\_\_ grs. \_\_\_\_ mos. \_\_\_ ds. I DEAT Where was disease contracted, If not at place of death?.. ٥ Former or item OF usual residence. CAUSE OF 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every 16 20 UNDERTAKER ADDRESS œ. REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as -Hart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can or as probably Never report Examples: For vio-



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V. S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very INK-THIS IS A PERMANENT RECORD N. B.—Every Item of information should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

### STATE OF MARYLAND

PLACE OF DEATH 5077	STATE OF MARYLAND
County Prince George	CERTIFICATE OF DEATH Registration Dist. No. 2
Village or City Oxoustill (No,	St.; Ward)  [It death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day (Year)	that I last saw hampalive on may 76, 1914,
7 AGE   It LESS than t dayhrs. ORmln.?	and that death occurred on the date stated above, at Am, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in	Description descri
which employed (or employer) Worked on fractions  9 BIRTHPLACE (State or country) Prince Group Co Ind.	Contributory Secondary  Contributory (Doration) yrs mos 2 ds.
10 NAME OF FATHER heleon B. Sant.	(Signed) Charlestonerson, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.  OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.  At place  In the of death yrs mos ds.  Where was disease contracted,
(Interment) herson B. Haun	If not at place ot death?
(Address). Upon 7 Cic	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Legen Itil mary 1914
Filed, 191REGISTRAR	20 UNDERTAKER ADDRESS Curacustice 11.00

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfuily employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired & yrs.) For persons (b) Cotton mill; (a) Salesman, (b) "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing meant (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resuiting from Measles (disease causing "Senife," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For VIO-



No. 1. ż

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properly classified. Exact statement PERMANENT stated EXACTLY. should be UNFADING INK-THIS AGE carefully supplied. CAUSE OF DEATH in plain terms, so that it mi important. See instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s

PHYSICIANS should state of OCCUPATION Is very

RECORD

PLACE OF DEATH	per (1.34)
the est in	30157
County	

### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Village or City Glader & bury (No.	St.; Ward) [If death occurred to a hospital or institution,
*FULL NAME ENTITION B. F.	give its NAME Inetead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Like ( Willower, orbivorer ( Write the word)	16 DATE OF DEATH SILWY 7, 191.4. (Month) (Day (Year)
6 DATE OF BIRTH DLOG 24, 1830 (Month) (Day (Year)	I HEREBY CERTIFY, That I attended deceased from  1914, to High The House State of the Hou
7 AGE  11 LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at 8-364 m, The CAUSE OF DEATH* was as follows:  Wherein brouchelip.
8 OCCUPATION (a) Trade, profession, or Mander Laker particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) 2 yrs mos ds.  Contributory Sangumer of Stop 1
9 BIRTHPLACE (State or country)  10 NAME OF FATHER SUMMENT Vægst.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER What A Glade State of Country (State or Country)	(Signed) (Buration) yrs mos & ds.  (Signed) (Sig
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds.  Where was disease contracted, If not af place of death?
(Address) Placesus Corg.  16 Filed May & 1914 M. D. Sprier	Former or usual residence  19 place of Burian or Removal and Date of Burial  Parry Days  20 yndertaker 70 701 / 1 / 2 Address /

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., P Anesting V. S. No. 1.

·[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indieach and every person, irrespective of age. Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," the second The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid "use of "Croup";) Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of iujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juauition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measics; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Can-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Mcastes (disease causing (Recommendations on statement of "Couvulsions," "Debility" ("Con-(secondary or intercurrent) "Dropsy," "Exhaustion," death), 29 ds.; State cause for Never report



No. 1. 82

PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement PERMANENT EXACTLY. stated properly classified. pinous UNFADING INK-THIS AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF Important. S N. B.

1 PLAGE OF DEATH County



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

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[If death occurred in a hospital or institution,

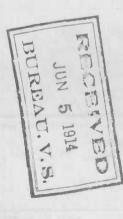
	²FULL NAME	Leddard give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH MAS (191 (Year))  17 I HEREBY CERTIFY, That I attended deceased from
6 D/	(Month) (Day (Year)	that I last saw h alive on 191, 191, 191
7 A	If LESS than t day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) pa (b) bus whi	CCUPATION ) Trade, profession, or rticular kind of work	Contributory
ARENTS	10 NAME OF FATHER AUTOCH GOOD ON THE CONTROL OF STATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Duration) yrs mos ds.  (Signed) , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
4	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?
16	(Interment) (Address) Upper Marleton Ma led June 3, 1914 Remonstrutto REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Lifter Mealbow Med Lary 3 1, 191. 4  20 UNDERTAKER  Judolffe & Goddard Wyn Malfor Ma
	Te more blanks on and a diameter That	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekcopers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head or "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vrochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent)



Important,

80

V. S. No. 1.

Cou	inty France Olwige	Registration Dist, No. 239
Viii	age or City Sursel (No,	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	12 A COLOR OR RACE SINGLE, MARRIED, Pur fluorest Wildows (Write the word)	16 DATE OF DEATH  May  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
6 DA	(Month) (Day (Year)	That I last saw him allve on May 24 The 1914.
7 AG		and that death occurred on the date stated above, at 5 m, The CAUSE OF DEATH* was as follows:  Sevens Meningitis:
(a) par (b)	Trade, profession, or fleular kind of work.  Beneral nature of industry,	
Whic	ness, or establishment in chemployed (or employer)  RTHPLACE (State or country)	Contributory Chrusie alcoholicus Secondary
10	10 NAME OF Thomas grass	(Signed) 77. 3 Remarket M. D.
NTS	of Father (State or country) Md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARENT	12 MAIDEN NAME Jarah Gubpan.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	Af place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted.
	Informant) Starman Dreen	If not at place of death?  Former or usual residence
15	(Address) America	Bacons Chapel may 264, 1914
FIII	ed May 25th, 1914 Mm, a, Fairall REGISTRAR	20 UNDERTAKER ADDRESS

H more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH 5080

STATE OF MARYLAND

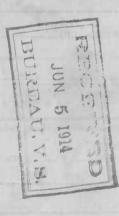
, 191 .Y.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without-more-precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras. "Collapse," "Coma." "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, dent; Revolver around of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," may be stated under the head (Recommendations on statement of etc.), "Dropsy," "Exhaustion," Never report For vio-



RECORD PERMANENT BINDING ESERV UNFADING NARGIN WRITE

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EXACTLY.

CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registration Dist. No. 4 St.:....Ward) a hospital or institution. give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, MA WIDOWED, (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) .. certificate. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 5 back 11 BIRTHPLACE ENT OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-CO AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER of death (State or country \_\_\_\_\_ yrs. \_\_\_\_ mos. State Where was disease contracted. if not at place of death? See Former or usual residenca. Every item CAUSE OF Important. OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKE ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

if death occurred in

(Year)

. 1914

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative lealthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc... Carcina

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and quality as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstittal nephritis nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of \_ mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples: For VIO-



V. S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be in See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF Important. N. W

County Prince Fronge Village or City Ports Millerio M 2FULL NAME Annue A	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No. 255  St.; Ward)  St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, Wile the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)  TAGE  (Month) (Day (Year)  TAGE  If LESS than 1 day,hrs. OR min.?  B OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	that I last saw h alive on
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	(Signed) (Duration) yrs mos ds.  (Signed) , M. D.  State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, SUICIDAL, or HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the
OF MOTHER (State or country)  14 THE ABOVE IS TRUE 30/THE BEST OF MY KNOWLEDGE (Informant)  (Address): The BEST OF MY KNOWLEDGE  (Address): The BEST OF MY KNOW	of deathyrsmosds. Stateyrsmosds Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 PROERTAKER  CADPRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pueumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Auaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of..... (name origiu; "Canture of the Americau Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V.S.

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

No. 1.

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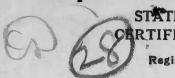
Important.

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Exact statement of OCCUPATION is very See instructions on back of certificate. Every Item of Information should be CAUSE OF DEATH in plain terms, s

PERMANENT

PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead

	FULL NAME Hames Ugust	a Herbert of steel and flowber.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 \$	Male Black Single, MARRIED, Jungle ORDIVORCED (Write the word)	(Mogen) (Day (Year)
6 D	ATE OF BIRTH	17' I HEREBY CERTIFY, That I attended deceased from
	> ,	, 191, to, 191,
	(Month) (Day (Year)	that I last saw h alive on, 191
TA	If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
	CCUPATION ) Trade, protession, or	Tubuculous of the Lungo.
pa	rticular kind of work	1 1. 13 - re. 1
bus	General nature of industry, Siness, or establishment in Siness (or employer)	(Ouration) yrs. mos. ds.
9 B	(State or country) Bank Grand Com	Secondary Secondary
S	10 NAME OF FATHER MANShall Colls  11 BIRTHPLACE	(Signed) Month (Address) Boury Mol
ENT	(State or country) Not Thur	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
PAR	of Mother Man Alana	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT)
	13 BIRTHPLACE OF MOTHER (State or country) Amel Isw Cy	At place in the of death yrs, mos ds. State yrs, mos ds
14 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) William Viass Shorter	Former or usual residence
	(Address) Dowie Snd	19 PLACE OF BURIAL OR REMOVAL- DATE OF BURIAL
15	1 3 500 10	20 cention 2N. DEVICE Mine 1914
- Fli	ed une 1 1914 Alexan a Ry on m &	20 UNDERTAKER ADDRESS Colleges to A

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

For many occupations a single word or term on the "Manager," "Dealer," etc., without more precise specimine, etc. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cuses, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of ill-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligschsis, tctanus) may be stated under the head of Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for



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1 PLACE OF DEATH 5084	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Twenty fulleno.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Mary Stosa	Halled cuf of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	
(Month) (Day (Year)	that I last saw halive on, 191
AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, atm
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows:  Jupposed to the Memoria  (Duration) yrs mos ds.
State or country)	Contributory MULLIUM Secondary (Duration) J. yrs. p. mos. ds.
10 NAME OF FATHER CLICK HOLLINGS  11 BIRTHPLACE OF FATHER (State or country)  12 OF MAIDEN NAME  OF MOTHER  OF MOTHER	(Signed)
of Mother Manager 13 BIRTHPLACE OF MOTHER (State or country)  The above is True to the Best of My Millians and the state of the Best of My Millians and the state of the Best of My Millians and the state of the Best of My Millians and the state of the s	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos ds. State yrs, mos ds  Where was disease contracted,
(Informant) lighted Applicately	if not at place of death?  Former or usual residence
(Address) A W V V V V V V V V V V V V V V V V V V	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  RIGHT DATE OF BURIAL  20 UNDERTAKER  ADDRESS
Filed Justing 6 - , 191 fr.  Grand Affile of Registran  Affile of Registran	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are cugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie cause of death approved by Committee on Nomencla mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inamition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of Never report



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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS carefully supplied. of information should be carefully su DEATH in plain terms, so that it m See instructions on back of certificate. PLAINLY, WITH CAUSE OF

1 PLACE OF DEATH



### STATE OF MARYLAND

Col	unty Jan 5085	CERTIFICATE OF DEATH
	713.	Registration Dist. No. 2 40
VIII	2FULL NAME Laura S,	St.; Ward)  a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	** ** COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH May / , 1914, (Year)
	(Month) (Day (Year)	that I last saw h alive on may 17 1912.
TAG	1 LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 150 mm. The CAUSE OF DEATH* was as follows:
(a) par (b) bus whi	CCUPATION ITrade, profession, or relicular kind of work General nature of industry, iness, or establishment in ch employed (or employer)  RTHPLACE (State or country)	(Duration) yrs 6 mos ds.  Contributory Secondary
ARENTS	10 NAME OF FATHER Grove Beauty.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OT M	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
Ω 14 T	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs ds. State yrs mos ds Where was disease contracted, If not at place of death?
15	(Address) Laurel Sns	former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  May 19, 1914
	m land was to &	20 INDESTAKES

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfuladditional line is provided for the latter statement; essary to know (a) the kiud of work aud also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer For many occupatious a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Womeu at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," ungnalified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcasles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenperal septichac-"Heart failure," "Hacmorrhage," "Inaultion," "Marasture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," State cause for Never report



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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS carefully supplied. See instructions on back of certificate. of information should be c DEATH in plain terms, so WRITE PLAINLY, WITH CAUSE OF important. 5000

1 PLACE OF DEATH

### STATE OF MARYLAND

C-	- Northern	CERTIFICATE OF DEATH
Co	7 R	Registration Dist. No. 240
Vil	age or City (No. )	St.;—Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Pale Culored Single, Married, Married Wioowed, Write the word)	16 DATE OF DEATH May / 7 , 191
6 D	ATE OF BIRTH  Mol-  (Month) (Day (Year)	that I last saw have allve on 7 to 2 2 ,1914
TAI		and that death occurred on the date stated above, at 2 a m  The CAUSE OF DEATH* was as follows:  (Chrome Bright discore
(a) pa (b) bus	CCUPATION ) Trade, profession, or Laboratory riticular kind of work	Chrome Intensitial Nephrites  (Duration) 4 yrs. mos. ds
9 B	(State or country) M	Secondary (Duration) yrs mos ds
	10 NAME OF FATHER STOLL Known	(Signed) form a Coz, M. D
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
/d	13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds.
	(Informant) Jahn a love MB	Where was disease contracted, It not at place of death? Former or Usual residence.
15	(Address) Brandywine Md	Mival Bethal UE & May 8, 1914
FII	ed May 18 7, 1914 Mm H & Sources	20 UNDERTAKER ADDRESS - A

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specition is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up ou account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcreulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection ueed not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," (Recommendations on statement of etc.), "Dropsy," "Exhaustion," "PUERPERAL septichae-



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SICIANS should occupation is PHYSICIANS RECORD PERMANENT properly supplied. certificate. carefully that 20 of back ۳ of Inford See OF Every item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in .....Ward) a hospital or institution, give its NAME instead of sfreef and number.] allasta PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RAGE MARRIED, WIDOWED, smole (Month) (Day ORDIVORCED I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH unanswer alive on ..... (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishmenf in em day (Duration) which employed (or employer) ..... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country of death ..... yrs. .... mos. .... ds. State ...... yrs. \_\_\_\_ ds Where was disease contracted, If not at place of death? Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Frankyn St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day taborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobite factory. The (a) Spinner, (b) Cotton milt; (a) Salesman, For many occupations a single word or term on the been changed or given up on account of the disease who receive a definite salary), may be entered as who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cere-brospinal menligitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia,") unqualified, is indefinited. Tubercutces of tungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Canaffection need not be stated unless important. vatvular heart disease; Chronic interstitiat nephritis, mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequeuces (e. g., by carbotic acid-probabty suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a defiuite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



BINDING FOR RESERVED MARGIN

8. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very A PERMANENT AGE should be stated EXACTLY. e carefully supplied. AGE should be si so that it may be properly classified. IS UNFADING INK-THIS N. B.—Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it maimportant. See instructions on back of certificate. WRITE PLAINLY, WITH

RECORD

1 PLACE OF DEATH Villa 3 SE 7 AG 800 (a) par (b) bush which 9 81 PARENTS

STATE OF MARYLAND CERTIFICATE OF DEATH

232 Registration Dist. No.

Fif death occurred in

FULL NAME Shu	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jerusle Glack Single,  MARRIED, WIDOWED, WIDOWED, WIDOWED, Wite the word)  B DATE OF BIRTH  May  12,1914	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from  191 to 191 191 191 191
7 AGE  Month) (Day (Year)  1 LESS than 1 day,hrs.  ORmln.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
© OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Couration) Jrs. mos. ds.
9 BIRTHPLACE (State or country) June George Co And	Contributory. Secondary  (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) France George 60 Ma	*State the DISEASE CAUSING DEVTH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, OF HOMICIDAL,
13 BIRTHPLACE OF MOTHER (State or country) Fine George & One	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place in the of death yrs, mos, ds  Where was disease contracted.
(Informant) To the BEST OF MY KNOWLEDGE	If not at place of death?————————————————————————————————————
(Address) Afelice MA  16 Filed May 12, 191 4 REMSHfmith REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  TO A RELIGIO MAY 12, 191. 4  20 UNDERTAKER  LINE Soluzion  ADDRESS  RELIGIO MAI
If more blanks are needed, address State Regis	trer 6 E Franklin St Palto Possesting V C No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. Accidental drowning; Struck by railway train-acci-The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 5 1914
BUREAU, V.S.

S. No. 1.

A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

County.

5089

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

Village or City MANE DESTRUCTION OF THE PLANS OF THE PLAN	St.; Ward)  St.; Ward)  [If death occurred io a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17.   HEREBY GERTIFY, That   attended deceased from
6 DATE OF BIRTH  (Month) (Day (Year)	that I last saw have alive on how to 1914
7 AGE  V If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	January Gray
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Duration yrs. most Miss. Secondary
10 NAME OF FATHER OF A PRINTON	(Signed) (Address) And Letter (Address)
OF FATHER (State or country) Weller Country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUMES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State of country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,
(Informant) # Suspens	If not at place of death?  Former or usual residence
Filed may 18°, 1914 J. C. Ohlendorf mas	Bladensburg Md May 18, 1914.  20 UNDERTAKER ADDRESS  F. Sasch Sous Bladensburg
	rar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the Discrete Cause of Leath—Name, first, the Discrete Cause of Leath—Name, first, the Discrete Cause of Leath—Name, first, the Discrete term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Brouchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; cause of death approved by Committee on Nomenciasepsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," may be stated under the head of (Recommendations on statement of etc.), "Dropsy," "Exhaustion," "PUERPERAL septichue Never report For vio-

PHYSICIANS should state of OCCUPATION Is very

Exact statement

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PARENTS

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AGE

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Every item CAUSE OF Important.

DEATH in plain terms, See instructions on back

RECORD

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¹ PLAC	E OF DEATH
County.	J. Deor
	and the second
· · · · · · · · · · · · · · · · · · ·	AL AND STATISTIC
PERSON	
Kemele	Color of RACE
DATE OF BIRTH	About
	(Month)
AGE	
Von 3	2yrs
OCCUPATION (a) Trade, profession, (	or House

(b) Geograf nature of industry,

business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

which employed (or employer) -----

5090

PARTICULARS

Write the word)

(Day)

1.8.

If LESS

1 day ....

OR ......

KNOWLEDGE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Ye

200

S SINGLE, MARRIED. WIDOWED,

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23

ko	St; Ward)	[If death occurred a hospital or Institution give its NAME loster of street and oumber.]
MEDICAL	CERTIFICATE OF D	EATH
16 DATE OF DEATH	ane.	3
J	(Month)	(Day) (Year)
17 N I HEREBY	CERTIFY That I att	
111, 11	14, to MAG	
/	11/1	TA 191
that I last saw h. din. allv	e on May	, 191
and that death occurred on	the date stated she	ve. at 1-30 m
The CAUSE OF DEATH & W	1/	
N/ /		-/ 0.
10000000000000000000000000000000000000	mannen of sayles	
	***************************************	
<b>7</b> 000000000000000000000000000000000000	(Duration)v	rs
Contabutous		
Contributory(Secondary)		
Contributory(Secondary)	· · · · · · · · · · · · · · · · · · ·	
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Contributory. (Secondary)	(Deration)	Jew, M. O
Contributory. (Secondary)	(Deration)	Occur, M. D
Contributory (Secondary)  (Signed) J. (Address J., 1914. (Address J., 1914.)	(Duration)	Jewy, N. O
Contributory (Secondary)  (Signed) J. (Address J., 1914. (Address J., 1914.)	(Duration)	Jewy, N. O
(Signed), 191 (Ad  *State the DISEASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICE	dress) And Market of Injury; and (2 Dal.	eaths from VIOLENT ) whether ACCIDEN-
(Signed) , 191 (Ad  *State the DISBASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICI  18 LENGTH OF RESIDENCE OR RECENT RESIDENCE	dress) And And Andrews and Canal Can	eaths from VIOLENT ) whether ACCIDEN-
(Signed) , 1917 (Ad  State the DISEASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICI BLENGTH OF RESIDENCE OR RECENT RESIDENCE At place	dress) Addition dress) Addition of Injury; and (2 DAL.	eaths from VIOLENT ) whether Acciden-
Contributory (Secondary)  (Signed) , 191 (Ad  State the DISBASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICI  BLENGTH OF RESIDENCE OR RECENT RESIDENCE OR RECENT RESIDENCE OR RECENT RESIDENCE OR RECENT RESIDENCE OF RESI	dress) Addition dress) Addition of Injury; and (2 DAL.	eaths from VIOLENT ) whether ACCIDEN-
(Signed)	dress) Addition (2)  dress) Addition (2)  dress) Addition (2)  dress (2)  dress (3)  in the (3)  ds. State (4)	eaths from VIOLENT ) whether ACCIDEN- TITUTIONS, TRANSIENT
(Signed) (Ad  State the DISEASE CAU CAUSES, State (1) MEANS TAL, SUICIDAL, OF HOMICI OR RECENT RESIDENCE OR RECENT RESIDENCE OR RECENT RESIDENCE OR Was disease contracted, If not at place of death?  Former or	dress)  dress  dress)	eaths from VIOLENT ) whether ACCIDEN- TITUTIONS, TRANSIENT
Contributory (Secondary)  (Signed) (Additional Causes, state the Disbass Caucauses, state (1) Means Tal., Suicidal, or Homician Recent Residence or Recent Residence or death yrs. mos. Where was disease contracted, if not at place of death?  Former or usual residence.	dress)  dress  dress	eaths from VIOLENT ) whether Acciden-
Contributory (Secondary)  (Signed) (Additional Causes, state the Disease Caucauses, state (1) Means Tal, Suicidal, or Homici or Recent Residence or Recent Residence of death yrs. mos. Where was disease contracted, if not at place of death?  Former or usual residence.	dress) Addition and dress and description of the de	eaths from VIOLENT ) whether Acciden-
(Signed)  State the DISEASE CAUCAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICI 18 ELENTH REGIOENTS) At place of death yrs. mos. Where was disease contracted, if not at place of death?  Former or usual residence.	dress) Addition (Control of Injury; and (2) DAL.  (For Hospitals, Institute of Injury; and (2) DAL.  (For Hospitals, Institute of Injury; and (2) DAL.	eaths from VIOLENT ) whether ACCIDEN- TITUTIONS, TRANSIENTS  JIS,
(Signed)  State the DISBASE CAU CAUSES, State (1) MEANS TAL, SUICIDAL, Or HOMICI  18 LENGTH OF RESIDENCE OR RECENT RESIDENCE OF RECENT RESIDENCE OF BURIAL OR F  Former or USUAl residence.  19 PLACE OF BURIAL OR F	dress)  dress	eaths from VIOLENT ) whether Acciden- ritutions, Transiente yrs,
Contributory (Secondary)  (Signed) (Additional Causes, state (1) Means Tal, Suicidal, or Homician Recent Residence or Recent Residence, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR 19 PLACE OR 19 PLACE OF BURIAL OR 19 PLACE OR 19 PLACE OF BURIAL OR 19 PLACE OR 19 PLACE OF BURIAL OR 19 PLACE OF BURIAL OR 19 PLACE OF BURIAL OR 19 PLACE OR 19 PL	dress)  dress	eaths from Violent ) whether Accidentitutions, Transient yis, mos d

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who have no occupation whatever, write None. been changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the dibrars causing death—In all respect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerran scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," valvular heart disease; Ohronic interstitial nephritis "Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," ... (name origin; "Can-"Exhaustion,"



V. S. No. 1.

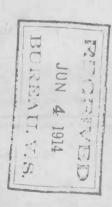
Ounty Pr. GLO 5091	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Tippett (No. ,	Registration Dist. No. 3 4 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  May  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from about 7 44591, to may & 7, 1914.
Month   (Day (Year)   7 AGE	that I last saw h alive on
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country) Washing Line, M. C.	Contributory Secondary  (Duration)  yrs
10 NAME OF FATHER John marron  11 BIRTHPLACE OF FATHER (State or country) unknown  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) Edgar D. Hourt , M. D.  Dray 19, 1914 (Address) Privatariay Ind  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Inaugland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Eliza Jenkins  R. F. D. No. 6 Congres Heights - B.  Filed May h. 9, 1914 Edgas D. Height but  Level Registras	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Picataway on d may hy, 1814.  20 UNDERTAKER  ADDRESS  UM. So. Hountt Y B Ond

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatemeut. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustiou," Never report



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Ounty Prince Fearges

### STATE OF MARYLAND CERTIFICATE OF DEATH

1		Registration Dist, No.
VIII	lage or City Breutwood (No.	St.; Ward)  [if death occurred is a hospital or institution, give its NAME instead of street and nomber.]
	FULL NAME Siller Frauces	mequerus Marion
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Mele Colored Single, Marrier, Wildowen, OROWONGED (Write the word)	16 DATE OF DEATH May 30 , 191 4 (Month) (Day (Year)
6 D	4 eb 7 - , 1897 (Month) (Day (Year)	
TA	GE If LESS than	and that death occurred on the date stated above, at
	17 yrs 3 mos ds or min.?	The CAUSE OF DEATH* was, as follows: Dellement
(a)	CCUPATION ) Trade, profession, or ricular kind of work.  Cabaley	attacked
bus	General nature of industry, iness, or establishment in Ay allawelle Fas Coch employed (or employer)	(Ouration)yrsmpsds.
9 BI	10 NAME OF FATHER SALL TO A SALAR	Contributory Secondary  (Duration) yrs mos ds.  (Signed) A Jayee Caravey M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Prince FEO Co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-
PAR	of Mother Rethe Tables	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSJEMS
	13 BIRTHPLACE OF MOTHER (State or country)  Prince Geo Co	Af place In the of death yrs mos ds. State yrs mos ds
	(Informant)	Where was disease contracted, If not at place of death?  Former or  usual residence.
15	(Address) Brentwerd. md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Jane 2 191 4
FII	ed June 1° , 1914 J. C. Chlender June , REGISTRAR	20 UNDERTAKER ADDRESS TOUR OF MOUNT
	If more blanks are needed, address State Regist	trar, 6 6 Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

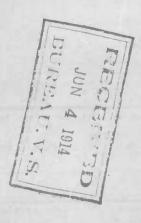
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[Approved by U. S. Census and American Public Health Association.]

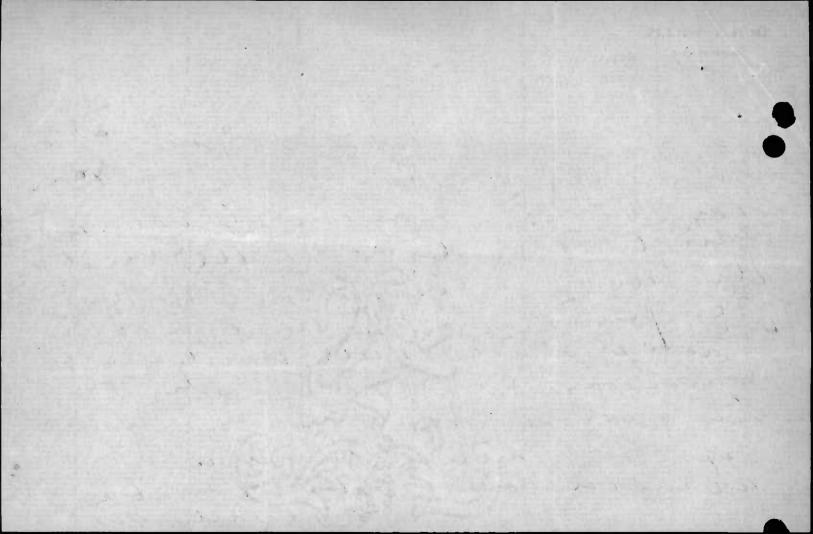
cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to cach and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," cte.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



Dr. H. T. WILLIS. Maryland Ave. Hyattsville, Md., June 1914 This is to carlify effect the Rockon said to hour born killed on the Urs bie sur line near Brentevon to and found the time or compound Do rivino Course his drutte, Tout The celes, or smull out our eller erst ryr, and a fru termigro or abrushows on his buck & limbs 74. J. Willis Buto.



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR MARGIN RESERVED N. B.-

Ounty L. County	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Belleville (No	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, MARVIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I Attorney deceased 155mm
Jan 17, 1844	May 3 , 191 4, to
(Month) (Day) (Year)  7 AGE    If LESS than   1 day,	and that death occurred on the date stated about the fam, The CAUSE OF DEATH* was as follows:  Use of the familiary (Duration) yrs
10 NAME OF FATHER John Parker  OF FATHER Sofun Parker  (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Duration) yrs
13 BIRTHPLACE OF MOTHER PARTIES OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted,
(Address) Beltsirle Ma.  (Address) Beltsirle Ma.  Filed May 1.5, 191 + John D. Smith	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  29 UNDERTAKER  ADDRESS  LANGE MARKET  ADDRESS  LANGE MARKET  ADDRESS  LANGE MARKET  ADDRESS  LANGE MARKET  ADDRESS
If more blanks are needed, address State Registral	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Luborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.); eausing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (o)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demonda"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "Purreeral scotichacctc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras ample: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomencia. "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ... ture of the American Medical Association.) The contributory (secondary or intercurrent (Recommendations on statement of etc. State cause for (name origin; "Can "Exhaustion," Examples:



υ<u>ν</u>

County June Lee	CERTIFICATE OF DEATH Registration Dist. No. 241
Village or City Broad Creek (Not) 2FULL NAME Joseph	St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)  St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MEDIED, MORNINGED OR WORKED (MICHAEL WORL)	18 DATE OF DEATH  May  (Moyth)  (Day  (Yes  17  I HEREBY CERTIFY, That I attended deceased
March (Month) (Day	19/3 Hat I last saw him allve on May 22 ,19
<sup>7</sup> AGE	If LESS than and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry.	obstruction of Bowels
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  M. CATHANA	Contributory Convulair ashering
10 NAME OF Manries	Cupri (Signed) Jos. 21 Janker
11 BIRTHPLACE OF FATHER (State or country)	May 23, 191 4 (Address) Congress to 2
of MOTHER Bessie Pothwel	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acc TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. ds. State yrs. mos.
(Informant) Maurice Park	DGE If not at piace of death?  Former or  usual residence
(Address) ONEN Hill =	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed	20 UNDERTAKER ADDRESS
, D=	CIETRAR WALLAND AND AND AND AND AND AND AND AND AND

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

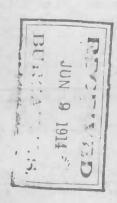
PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement: Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every persou, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as material worked on may form part of the second who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease); Diphtheria (avoid use of "Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," uuqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Auaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligiujury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



FOR RESERV

	2FULL NAME (X MMM ) SUS	non
	PERSONAL AND STATISTICAL PARTICULARS	M
M	1 ale Calared Single, MARRIED, WIDDWED, ORDIVORGED (Write the word)	16 DATE OF DEA
DA	ATE OF BIRTH Meh 12, 1897	that I last saw h
7 A C	(Month) (Day (Year) / If LESS than 1 day,	and that death oc
	ness, or establishment in	***************************************
9 81	ch employed (or employer)	Contributory
9 81	ch employed (or employer)	Contributory Secondary
ο BI	11 BIRTHPLACE OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 BIRTHPLACE OF FATHER (State or country)	(Signed) W.  May 25.1  *State the DI
9 BI	10 NAME OF Leorge Prestore  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER Leorge Prestore  12 MAIDEN NAME OF MOTHER LEORGE Prestore  13 MAIDEN NAME OF MOTHER LEORGE PRESTORE  14 MAIDEN NAME OF MOTHER LEORGE PRESTORE  15 MAIDEN NAME OF MOTHER LEORGE PRESTORE  16 MAIDEN NAME OF MOTHER LEORGE PRESTORE  17 MAIDEN NAME OF MOTHER LEORGE PRESTORE  18 MAIDEN NAME OF MOTHER LEORGE PRESTORE  19 MAIDEN NAME OF MOTHER LEORGE PRESTORE  19 MAIDEN NAME OF MOTHER LEORGE PRESTORE  10 MAIDEN NAME OF MOTHER LEORGE PRESTORE  11 MAIDEN NAME OF MOTHER LEORGE PRESTORE  12 MAIDEN NAME OF MOTHER LEORGE PRESTORE  12 MAIDEN NAME OF MOTHER LEORGE PRESTORE  13 MAIDEN NAME OF MOTHER LEORGE PRESTORE  14 MAIDEN NAME OF MOTHER LEORGE PRESTORE  15 MAIDEN NAME OF MOTHER LEORGE PRESTORE  16 MAIDEN NAME OF MOTHER LEORGE PRESTORE  17 MAIDEN NAME OF MOTHER LEORGE PRESTORE  18 MAIDEN NAME OF MOTHER LEORGE PRESTORE  18 MAIDEN NAME OF MOTHER LEORGE PRESTORE  19 MAIDEN NAME OF MOTHER LEORGE PRESTORE  19 MAIDEN NAME OF MOTHER LEORGE PRESTORE  19 MAIDEN NAME OF MOTHER LEORGE PRESTORE  10 MAIDEN	(Signed) (Si
PARENTS	10 NAME OF Leave Prestone  11 BIRTHPLACE OF FATHER State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)	*State the Di CAUSES, state (TAL, SUICIDAL, OR RECENT RES At place of death yrs.
PARENTS	10 NAME OF Leorge Priston  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER  14 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  14 BIRTHPLACE  15 BIRTHPLACE  16 MOTHER  17 BIRTHPLACE  18 BIRTHPLACE	(Signed)  *State the D CAUSES, state TAL, SUICIDAL,  18 LENGTH OF R OR RECENT REI At place

PLACE OF DEATH

### STATE OF MARYLAND ERTIFICATE OF DEATH Registration Dist. No. 240

ogisti ation bis	110,
St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead
	of street and number.]

NAME & EULILL BLS	lose
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIODWED, ORDIVORCED ORDIVORCED ORDIVORCED	(Month) (Day (Year)
Mole (Write the word)  Mole (2, 1897)  (Month) (Day (Year)	that I last saw h a alive on Mary 2 4, 1914.
yrs mos 3 ds. or min.?	and that death occurred on the date stated above, at 6 R, m, The CAUSE OF DEATH* was as follows:
Somate House of R	
ent in over)	(Durafion) yrs/mosds.
" Mud	Secondary
Leorge Preston	(Signed) W.J. (Signed) wrs mos ds.
untry) Md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
untry) Mid	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
AND Pyles Supi	Where was disease contracted, If not af place at death?  Former or usual residence
Welleuham md	Movine of Refr Cernetry Mary 2 6. 1914
2.1914 Mm H Squines	John B. Pryles. Suft Cheltenham
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head of State cause for Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 2 FOR UNFADING INK-THIS RESERVED MARGIN PLAINLY, WITH WRITE

No. **80** 

G	PLACE OF DEATH 5096	STATE OF MARYLAND CERTIFICATE OF DEATH
	8	Registration Dist. No. 2 4
v	iliage or City accoheck (No	St.; Ward)  St.; Ward)  [it death occurred to a hospital or institution, give its NAME instead of street and number.]
===		MEDICAL CERTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS	
3 55	4 COLOR OR RACE MARRIED, WIDOWED, OROVORCES (Write the word)	16 DATE OF DEATH May 25, 191 4  (Mynth) (Day) (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Unknown , 1839	Dec. 28 , 1913, to May 25 , 1914,
	(Month) (Day) (Year)	that I last saw him alive on May 19 ,191 Y
7 AC	T yrs. mos. ds. or min.?	and that death occurred on the date stated above, at 1:30 A m.  The CAUSE OF DEATH* was as follows:  Articles of Death occurred.
(a) par (b) busi	Trade, profession, or tloular kind of work.  General nature of Industry, ness, or establishment in ch employed (or employer)	(Duration)yrsmosds.
9 B!	RTHPLACE ate or country)	(Secondary)
S	10 NAME OF FATHER Unknown.	(Signed) Frankle & Murphy, N. D.  May 25, 1914 (Address) Acorded ms.
ARENT	OF FATHER (State or country) Unknown  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state.(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	13 BIRTHPLACE OF MOTHER (State or country)  OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds.
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Frank Druffy MD.	Where was disease contracted, If not at place of death?  Former or Usual residence
16	Address acwheel mi	Hollys Chafel Chas. Go, may h. 7., 1914.

if more blanks are needed, address State Registrar, 6/E. Franklin St., Balto., Requesting V. S. No. 1.

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Walderf Ind

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of lliof persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. who receive a definite salary), may be entered as statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISTASE Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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No. σĝ

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### AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be pimportant. See instructions on back of certificate. WRITE PLAINLY, WITH

	PLACE OF DEATH	STATE OF MARYLAND
	unty Prince ger	CERTIFICATE OF DEATH
Co	unty	Podlotostica Piet No. 2432
VIII	age or City hope Mysellov 2FULL NAME Charles E.	Registration Dist. No.  St.; Ward)  St.; Ward)  Adgeley  Registration Dist. No.  [it death occurred to a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	Acolor or race Single, MARRIED, Willowed OR Divorce (Write the word)	16 DATE OF DEATH 5 2 ,191.4 (Month) (Day (Year)
6 D	ATE OF BIRTH WORLD 1896	that I last saw h was allyo on May 2, 1914,
TA	, , , , , , , , , , , , , , , , , , , ,	
	1 dayhrs.	and that death occurred on the date stated above, atm,
0	yrsmosds. ORmin.?	The CAUSE OF DEATH* was as follows:
(a) pai (b) bus	CCUPATION Trade, profession, or General nature of Industry, Iness, or establishment in ch employed (or employer)	Colores distensibled  Graphalic (Duration) yrs. mos. ds.
-	RTHPLACE (State or country) Muyland	Contributory Secondary
ARENTS	10 NAME OF FATHER Mchola Redgely  11 BIRTHPLACE OF FATHER (State or country) Margland  12 Maiden NAME OF MOTHER	(Signed)
Ω	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds
	(Informant) Land Mulbore	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
1 5 File	ed Dray 3 191 4 Row Khuth	20 UNDERTAKER ADDRESS HALL MAN
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

ENOW

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (7)

Statement of cause of death—Name, first, the Insease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Coutributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; Never report



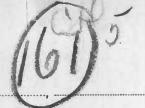
B. No. 1.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS See instructions on back of certificate. PLAINLY, WITH Important.

ty Leongie

ge or City Replacement



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 237

St.;....Ward)

[If death occurred in a hospitat or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, ORDINATE (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
GOATE OF BIRTH  (Month) (Day) (Year)	that I last saw h & allve on Assacs Arish 30191
AGE (Month) (Day) (Tear)  11 LESS than 1 day,hrs. 2 yrs. mas. ds. ormin.?	and that death occurred on the date stated above, at 7 P. m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Caught for from open wood fire blow
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds
BIRTHPLACE (State or country)	Contributory Williams from Borne (Secondary)  Lotte less logels, (Beration) yrs mos do
11 PRETURE The Adams	(Signed) To Professo Decrese, M. D
OF FATHER (State or country)	*State the Disease Causing Dearn, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal, or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  OF MOTHER  (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the nf death yrs, mos, ds, State yrs, mos, ds  Where was disease contracted.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Intermant) Michael Smallwood	If not at place of death?————————————————————————————————————
(Address) Malcolin Vid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  MALL T , 1914
Filed Man 41th, 1914 7 mm B. Contes	20 UNDERTAKER ADDRESS ADDRESS M

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fleation, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE (a) Spinner, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold disease). The definite of tungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

sepsis, tetanus) may be stated under the head injury, as fracture of skuti, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of \_\_ "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coilapse." "Coma," "Convulsions," "Deblity" ("Con-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report



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3 SE	²FUI PERSC	LL NAME	Ch	SAL PARTIC 5 SINGLE, MARRIED, WIDOWED, ORDIVORCE
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2/1				5 SINGLE, MARRIED, WIDOWED,
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2) TAG	Male TE OF BIRT	Colo Ma	red	WIDOWED,
D A	TE OF BIRT	"Ma	- /	,
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par (b) busi	Trade, profession ticular kind of w General nature ness, or estab ch employed (or	ork	'rm'	Labo
9 BI	RTHPLACE (State or cor	intry) M	Jan	lan
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ENTS	11 BIRTHPL OF FAT		Ma	rela
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	13 BIRTHPL OF MOTI (State of	ACE HER or country)	Me	irill
4 T	HE ABOVE I	S TRUE TO	THE BEST	MY KI
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	(Address).	Cole	ing	ton
6	4		20	//

PLACE OF DEATH

(Year) If LESS than

1 day ..... hrs. OR ..... min. ?



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St .: ....Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF 16 DATE OF DEATH 2 (Month) (Day attended deceased from Contributory Secondary Crate the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At place In the of death ..... yrs. .... State ...... yrs. \_\_\_\_ mos. \_ Where was disease contracted, If not at place of death? Former or usuai residence 19 PLACE OF BURJAL OR REMOVAL JE OF BURIAL 20 UNDERTAKER ADDRESS

1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various parsults can be known. The question tion is very important, so that the relative healthfulcated thns: CAUSING DEATH, state occupation at beginning of illof persons eugaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given np on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yes.) For persons But in many "Foremau," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulcsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Cournisions," "Debility" ("Coutheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), (Recommendations on statement of "Dropsy," "PUERPERAL septichac-State cause for "Exhaustion," Never report



W. B. No. 1.

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PHYSICIANS &	of OCCUPATION	
N.BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	rtificate.
S Car	so th	of ce
should b	n terms,	on back
of Information	DEATH In plai	Important. See Instructions on back of certificate.
BEvery Item	CAUSE OF	Important. S
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PLACE OF DEATH 5099
County Prince Grage

(43)	STATE OF M	IARY	LAND
	CERTIFICATE	OF	DEATH
ETTER	Pedistration	Diet	No 235

1	Registration Dist. No.
Village or City Lei Chelville (No,	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Emily Springer	of Street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Colored (Write the word)	16 DATE OF DEATH May / 2 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on May 12 , 1914,
AGE   If LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, atm,  The CAUSE OF DEATH* was as follows:  Ilcurrent caucus of Right Brest
(a) Frade, profession, or particular kind of work  (b) General nature of industry, pusiness, or establishment in	and Artenorelenesia  (Ouration) 4 yrs. 6 mos. ds.
BIRTHPLACE (State or country)  10 NAME OF FATHER Sill Welsley Llead	Contributory & general failure of (Secondary), Secondary), (Duration) yrs. mos. ds.  (Signed) L. H. R. Llufour, M. D.
11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER Martha Beale	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Address)	At place of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted. If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 12, 191 4 E. S. Karrison	Opper Marlbors ,, 191
If more blanks are needed, address State Registra	ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry; and therefore an Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (d)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. ture of the American Medicai Association.) "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreman septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tnmor" for malls oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (disease cansing (name origin; "Candeath), 29 "Exhaustion," Examples: For VIO-



V. S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT stated EXACTLY. N. B.—Every item of information should be carefully supplied. AGE should be si CAUSE OF DEATH in plain terms, so that it may be properly classified, important. See instructions on back of certificate. PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH 232

Registration Dist. No.

ff.	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Black (Write the word)	16 DATE OF DEATH May 3, 1914 (Youth) (Day (Year)
6 DATE OF BIRTH  Linkhour , 1  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
Frage  Fr	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Prince Levine Co.	(Duration) yrs. mos. ds.  Contributory Secondary
10 NAME OF FATHER Peter Spring  11 BIRTHPLACE OF FATHER (State or country) which will be seen to be	(Signed) Complete Social Registration of the State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Lukrown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted.
(Informant) Amil Parker.	If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed 27, 191 4 REMS South REGISTRAR	Lype marbou md May 5, 1914  20 UNDERTAKER ADDRESS Scott Anistrong by mulbous me
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the klud of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

affection need uot be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of State cause for



#### RECORD PERMANENT PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very stated EXACTLY. See instructions on back of certificate. Every item of Information should be CAUSE OF DEATH in plain terms, s DEATH in plain terms. Important.

PLACE OF DEATH 5101	(M) CH
County Prince Ger	1,4
Rain	

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)	[It death occurred in a hospital or institution	
	give its NAME instead	

VII	FULL NAME Glinan Steri	St.; Ward)	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
<sup>3</sup> s	Male Black Single, Single Married, Widoweb, Widoweb, Orbivoraçeo (Write the word)	16 DATE OF DEATH MAY (Month)	(Day (Year)
6 D	ATE OF BIRTH  Month (Day (Year)	17 I HEREBY CERTIFY That ! a	, 191,
7 A		and that death occurred on the date stated a The CAUSE OF DEATH * was as follows:	
(a pa (b) bus	CCUPATION ) Trade, profession, or rticular kind of work	Julian (Ouration)	yrs. 3 mos. ds.
	IRTHPLACE (State or country) Powel Gur Cou	Contributory Secondary	,
ITS	10 NAME OF FATHER Manuel Stewart  11 BIRTHPLACE OF FATHER Q	(Signed) (Signed) (Signed) (Address) Business	En M. D.
PAREN	12 MAIDEN NAME OF MOTHER Pulle Barnes	State the DISEASE CAUSING DEATH, or, is CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, IN	(2) whether Acciden-
	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)	At place In the	yrs ds
15	(Address) Bours Mod.	Ovame. and	DATE OF BURIAL
FII	edellay 9 1914 Meson Myons.	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 M. Franklin St., Balto., Requesting V. S. No. 1.

Martin Haden

No. 1. v2

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question cated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Caucause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



S. No.

	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	Every item of information should be carefully supplied. ACE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.
No. 1.	WRITE PLAINLY,	Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mimportant. See instructions on back of certificate.

PARENTS

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RECORD

hould state	PLACE OF DEATH 5102  County Prince George	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 239
HYSICIANS SI	Village or City bontee (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead
. t.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
e stated EXACTI	3 SEX 4 COLOR OR RACE MARRIEO, MARRIEO, MODWED, MARRIEO, MODWED, MARRIEO OR GIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day (Year)	18 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY. That I attended deceased from  (1)  (1)  (1)  (Hereby Certify. That I attended deceased from  (1)  (1)  (1)  (1)  (1)  (1)  (1)  (1
srly classif	Tage about 6-9 yrsmosds. ormin.?	and that death occurred on the date stated above, at # 3 am, The CAUSE OF DEATH* was as follows:  My Ocordutes and
ay be prope	(a) Trade, protession, or particular kind of work. Farm Laborer  (b) General nature of industry, business, or establishment in which employed (or employer)	Grand Outstan (Duration)//2 yrs. mos. os.
efully si	9 BIRTHPLACE (State or country)	Secondary (Doration)

(Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICINAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death ..... yrs. .... mos. . State ...... yrs, \_\_\_\_ mos. \_\_\_ ds \_ ds.

DATE OF BURIAL

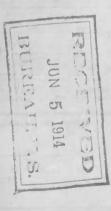
FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Where was disease contracted. THE BEST OF MY KNOWLEDGE if not at place ot death? Former or (interment) ... usual residence ACE OF BURIAL OR REMOVAL (Address) 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never rctnrn "Laborer," Farmer (retired 6 yrs.) For persons Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as 'Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Auaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Can dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which snrgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," may be stated under the head of (Recommendations on statement of etc.), "Dropsy," "Exhaustion," Never report



Every liem of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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Prince Florges



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 239

	Registration Dist. No.
Elia I. P.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and numbor.]
FULL NAME COUNTY	11
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Single Wishwest, or Divorces (Write the word)	16 DATE OF DEATH  May  (Month)  (Day  (Year)  1,7  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Tax. a
(Month) (Day (Year)	that I last saw have allve on May 30th, 1914
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at 10 a.m.
/8 yrs 5 mos 6 ds OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Celiane Endocardetes
(a) Trade, profession, or	
particular kind of work	**************************************
business, or establishment in	(Duration) yrs. 4 mos. ds.
which employed (or employer)	Contributory Hypartatic Carryeller
(State or country) Balto. City Maryland	Secondary  (Duration) vrs -3 mas ds
10 NAME OF Swarf & Tolson	(Signed) 7 2 97 mos ds.
State or country) But Ot Mun land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
11 BIRTHPLACE OF FATHER (State or country) Balts City Mun law  12 MAIDEN NAME OF MOTHER  MAN CANADAM  A COMMOTHER	CAUSES, State (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Ballo Cit. Mus land	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Ed. S. F. Folam	If not at place of death?
(Informant) (Informant)	usual residence
(Address) Laurel Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 1 pt M africas	Vaulimore mi gune 3, 191

. S. No. 1

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

"Mauager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (1)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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state Very

County

Village or City

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 235

Ilt death occurred in .Ward) a hospital or institution, give its NAME instead

NAME ISSUE C	flesh of street and number.]
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OLOR OR RAGE  5 SINGLE, MARRIED, WIDDWED, ORDIVERCED (Write the word)	16 DATE OF DEATH 28, 1914 (Month) (Day (Year)
12 25 1910	that I last saw hallalive on May 25, 191 4
(Month) (Day (Year)    If LESS than   1 day,hrs.	and that death occurred on the date stated above, at 10 4 m.
yrs ds.   OR min.?	Ble luces
stry, at In ger)	(Duration) yrs. mos. ds.
Mase West	Contributory Secondary  (Ouration)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)
netry) Md	*State the Disease Causing Death, or, in deaths from Violent Cayses, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
intry) Jud	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds Where was disease contracted.
UE TO THE BEST OF MY KNOWLEDGE	It not at place of death?  Former or  usual residence
1914 College	19 PLACE OF BURIAR OF REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS
Figo Registrar Ti more blanks are needed, address State Reg	distrar, 6 E. Frankliu St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

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		hould state
	RECORD	PHYSICIANS S
F. B. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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5105 STATE OF MARYLAND PLACE OF DEATH County Prina & Mes. CERTIFICATE OF DEATH Registration Dist. No. 231

Village or City Impedo. (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jesus 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word)  B DATE OF BIRTH  Out 31, 1852	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  May  (3, 191, to 2, 191, 5, 191
(Month) (Day) (Year)  7 AGE  6 3 yrs. 6 mos. ds. 0 c	and that death occurred on the date stated above, at 6 4, m, The CAUSE OF DEATH* was as follows:
GOCCUPATION  (a) Trade, protession, or particular kind of work.  (b) Beneral nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  ### Coccupation    Coccupation   Coccu	(Ouration) (Ouration) ds.  Contributory (Secondary)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)	CB LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos. ds, State yrs, mes. ds.  Where was disease contracted, it not at place of death?  Former or usual residence.
(Address) Asola, all C  Filed May 13 , 1914 M. D. Shicur  REGISTRAR  If more blanks are needed, address State Registra	19 RLAGE OF BURIAL OR REMOVAL  DATE OF BURIAL  May 15 , 1914  20 UNDERTAKEN  ADDRESS  HOS-HJ 9



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—in all respect to the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

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